

**Mississippi**  
STATE TAX COMMISSION  
TITLE BUREAU - POST OFFICE BOX 1383  
JACKSON, MS 39215

**ASSIGNMENT OF LIEN**

**TYPE ONLY**

The lien shown in favor of the undersigned Assignor on the attached Certificate of Title.

Number \_\_\_\_\_ issued to \_\_\_\_\_

Date of Issuance \_\_\_\_\_

Street or RFD \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Make \_\_\_\_\_ V.I.N. \_\_\_\_\_ is Assigned to \_\_\_\_\_

Street or RFD \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Assigned Date \_\_\_\_\_

Lienholder (Assignor)

By \_\_\_\_\_

(Authorized Representative)

WITNESS: (Name) \_\_\_\_\_

Street or RFD \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Cut Along Dotted Line

**TYPE ONLY**

The top half of this form should be kept as a part of your records.

**APPLICATION FOR TRANSFER OF LIEN**

The undersigned assignee confirms transfer of the lien described above and hereby makes application for a new Certificate of Title subject to the following named liens and none other:

**FIRST LIEN**

Lienholder \_\_\_\_\_

Street or RFD \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Date of Lien \_\_\_\_\_

Lienholder (Assignee) \_\_\_\_\_

By \_\_\_\_\_

(Authorized Representative)

**SECOND LIEN**

Lienholder \_\_\_\_\_

Street or RFD \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Date of Lien \_\_\_\_\_

Lienholder (Assignee) \_\_\_\_\_

By \_\_\_\_\_

(Authorized Representative)

**ORIGINAL MISS. CERTIFICATE OF TITLE MUST ACCOMPANY THIS APPLICATION**